Rev. 05/05

**DEPARTMENT OF LABOR**
**WORKERS' COMPENSATION DIVISION**
**NATIONAL LIFE DRIVE, DRAWER 20**
**MONTPELIER, VT 05620-3401**
**(802) 828-2286**

www.labor.vermont.gov

# VOCATIONAL REHABILITATION REFERRAL FORM

**Employee Name:** _____ **State File No.**: _____
Street: _____ Soc. Sec. No.: _____
City/State: _____ Date of Injury: _____
DOB: _____ Telephone No.: _____
Occupation at time of injury: _____ AWW: _____
Claimant's Attorney: _____

**Employer's Name:** _____ Fed. ID No.: _____
Street: _____ Telephone No.: _____
City/State: _____

**Ins. Co. Name:** _____ **VR Referral Date:** _____
Ins. Adjuster: _____ Ins. Co. File No.: _____
Street: _____ Telephone No.: _____
City/State: _____
Treating Physician: _____ Type of Injury: _____
Carrier's Attorney: _____

**VR Counselor:** _____
VR Company: _____
VR Street Address: _____
VR City/State: _____
Phone: _____ Fax: _____

Notes: _____

_____

ADJUSTER'S
SIGNATURE: _____

**NOTICE TO CLAIMANT**: You will be contacted soon by the vocational rehabilitation counselor named above who will conduct an evaluation to determine your entitlement to vocational rehabilitation services. If it is determined that you are entitled to vocational rehabilitation services, the counselor will facilitate your return to safe, suitable employment as soon as it is medically appropriate for you to do so. For further information, contact your employer, insurance adjuster, or the Workers' Compensation Division.